

3 NEW 04-19063

TOWN OF DAVIE
6591 S.W. 45 STREET
DAVIE, FLORIDA 33314
(954)797-1112

TOWN COUNCIL 10-15
Deadline 10-2

HOME OCCUPATIONAL LICENSE APPLICATION

INSTRUCTIONS: For each Business Location in the Town of Davie, please complete an application. Once completed, return the application to the Occupational License division located at Town Hall.

APPLICANTS: COMPLETE BOTH SIDES OF APPLICATION

BUSINESS NAME: RICHARD BUELL
BUSINESS STREET ADDRESS: 13831 SW 16 St. ZIP 33325
BUSINESS MAILING ADDRESS: 13831 SW 16 St. ZIP 33325
BUSINESS PHONE: 754 422 6896
DESCRIBE TYPE OF BUSINESS: General Contractor
BUSINESS IS: Corporation _____ Sole Proprietor ☒ Partnership _____

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>RICHARD BUELL</u>	<u>13831 SW 16 St.</u>	<u>DAVIE, FL.</u>	
2. _____			<u>954 472 8470</u>

Federal ID Number or Social Security Number _____

I understand that this is an application for a home occupational license in the Town of Davie and I may not conduct any business at this location until I have received the license itself. I further understand that this license upon issuance, is valid until September 30, 2004, and must be renewed before October 1st.

This application for home occupational license allows mail and telephone use only, no signs or exterior storage, no on-site employees are permitted.

RICHARD BUELL RICHARD BUELL
Print Owner or Officers Name and Title Signature of Owner or Officer

Office Use Only: Date <u>9-24-03</u> Category <u>05800</u>		Fee Exempt per Sec. 13-13 _____ Fee <u>173.64</u> Rec# _____ New <input checked="" type="checkbox"/> Trans _____	
License # <u>04-19063</u>	Control # <u>15510</u>	Zoning <u>R-1</u> (Oak Hill)	Date _____
Council approval Required <input checked="" type="checkbox"/> Yes _____ No _____	Zoning Approval _____	Date _____	
Town Council Date _____	Approved _____	Denied _____	
Tabled To _____	Approved _____	Denied _____	
LOCATER ID 71028			

OCCUPATIONAL LICENSE DEPARTMENT APPROVAL _____

8/00

OWNER SIGNATURE REQUIRED ON BACK OF APPLICATION

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